

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 4  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569905																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>		M	M					D	D					Y	Y	Y	Y	Y	Y						
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Full Name of Payee <b>INTERNATIONAL DATA MANAGEMENT</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>0</td><td>8</td></tr> <tr><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>0</td><td>4</td></tr> <tr><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>2</td><td>0</td><td>1</td><td>6</td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>			0	8			0	4			2	0	1	6				
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City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44320-1122</b>	Transaction ID : <b>SE24.92658</b>																		
Purpose of Expenditure <b>DIRECT MAIL - POSTAGE</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>0</td><td>8</td></tr> <tr><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>0</td><td>4</td></tr> <tr><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>2</td><td>0</td><td>1</td><td>6</td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>			0	8			0	4			2	0	1	6				
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Name of Federal Candidate <b>DONALD TRUMP</b>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ <input type="checkbox"/> Oppose																		
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City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44320-1122</b>	Transaction ID : <b>SE24.92659</b>																		
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Name of Federal Candidate <b>HILLARY CLINTON</b>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ <input type="checkbox"/> Oppose																		
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(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<table border="1" style="width:100%"> <tr><td>2</td><td>0</td><td>3</td><td>.</td><td>0</td><td>4</td></tr> </table>	2	0	3	.	0	4
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(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<table border="1" style="width:100%"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>						
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<table border="1" style="width:100%"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>						

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

0	8

0	5

2	0	1	6

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>SISK FULFILLMENT SERVICES</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 04 / 2016</b>		
Mailing Address 1900 INDUSTRIAL PARK DR.			Amount <b>2.54</b>		
City <b>FEDERALSBURG</b>	State <b>MD</b>	Zip Code <b>21632-2667</b>	Transaction ID : <b>SE24.92660</b>		
Purpose of Expenditure <b>DIRECT MAIL - POSTAGE</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 04 / 2016</b>		
Name of Federal Candidate <b>DONALD TRUMP</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <b>4328.12</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>SISK FULFILLMENT SERVICES</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 04 / 2016</b>		
Mailing Address 1900 INDUSTRIAL PARK DR.			Amount <b>2.54</b>		
City <b>FEDERALSBURG</b>	State <b>MD</b>	Zip Code <b>21632-2667</b>	Transaction ID : <b>SE24.92661</b>		
Purpose of Expenditure <b>DIRECT MAIL - POSTAGE</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 04 / 2016</b>		
Name of Federal Candidate <b>HILLARY CLINTON</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <b>4328.12</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>5.08</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY  
**08 / 05 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>ZIP MAILING SERVICES, INC.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 04 / 2016</b>	
Mailing Address <b>6304 SHERIFF RD. STE Z</b> <b>STE Z</b>		Amount <b>1850.00</b>	
City <b>LANDOVER</b>	State <b>MD</b>	Zip Code <b>20785-4361</b>	Transaction ID : <b>SE24.92662</b>
Purpose of Expenditure <b>DIRECT MAIL - POSTAGE</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 04 / 2016</b>	
Name of Federal Candidate <b>DONALD TRUMP</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <b>4328.12</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>ZIP MAILING SERVICES, INC.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 04 / 2016</b>	
Mailing Address <b>6304 SHERIFF RD. STE Z</b> <b>STE Z</b>		Amount <b>1850.00</b>	
City <b>LANDOVER</b>	State <b>MD</b>	Zip Code <b>20785-4361</b>	Transaction ID : <b>SE24.92663</b>
Purpose of Expenditure <b>DIRECT MAIL - POSTAGE</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 04 / 2016</b>	
Name of Federal Candidate <b>HILLARY CLINTON</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <b>4328.12</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>3700.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>SIDE DESIGN LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 04 / 2016</b>		
Mailing Address <b>387 BUFFALO DRIVE</b> <b>UNIT F</b>			Amount <b>210.00</b>		
City <b>WINDSOR</b>	State <b>CO</b>	Zip Code <b>80550</b>	Transaction ID : <b>SE24.92664</b>		
Purpose of Expenditure <b>GRAPHICS</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 04 / 2016</b>		
Name of Federal Candidate <b>DONALD TRUMP</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <b>4328.12</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>SIDE DESIGN LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 04 / 2016</b>		
Mailing Address <b>387 BUFFALO DRIVE</b> <b>UNIT F</b>			Amount <b>210.00</b>		
City <b>WINDSOR</b>	State <b>CO</b>	Zip Code <b>80550</b>	Transaction ID : <b>SE24.92665</b>		
Purpose of Expenditure <b>GRAPHICS</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 04 / 2016</b>		
Name of Federal Candidate <b>HILLARY CLINTON</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <b>4328.12</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>420.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>4328.12</b>

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